

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH – FINANCIAL ASSURANCE  
FILE TRANSMITTAL & DATA ENTRY FORM**

**Your Name:** JENNY W. LOPP

**Facility ID Number:** NCD052547635

**Facility Name:** GlaxoSmithKline – South Campus

**Document Group:** FINANCIAL (F)

**Document Type:** FINANCIAL RECORD REVIEW (FRR)

**File Description/Comments:** Reviewed letter of credit for corrective action.

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**Author(s) of Document:** JENNY W. LOPP

**Inspector Name:** JENNY W. LOPP

**Suborganization:**

**County (if not on report):**

**FINANCIAL ASSURANCE EVALUATION DATA**

**New:** ☒

**Change:**

**Delete:**

**REASON:** FINANCIAL RESPONSIBILITY

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**VIOLATION TYPE:** \_\_\_\_\_ **DATE DETERMINED:** [Click here to enter a date.](#)

**BRANCH:**

**PERSON:**

**SCHEDULED RETURN TO COMPLIANCE:** [Click here to enter a date.](#)

**ACTUAL RETURN TO COMPLIANCE:** [Click here to enter a date.](#)

**REGULATION TYPE:**

**REGULATION DESCRIPTION:**

**ENFORCEMENT COMMENTS:**